

**CT-IFTA-2**  
**Application For**  
**International Fuel Tax Agreement (IFTA) License**  
**Connecticut Carrier**

**2005**

If registered, enter Connecticut Tax Registration Number.										
								0	0	0

(Rev.11/04)

Please read all instructions on back before completing.

☐ Please check if your mailing address  
has changed, and indicate new address.

For DRS Use Only				1. Reason for Applying					
TAX	REC	TR	AD	<input type="checkbox"/> New Account <input type="checkbox"/> Registration of Additional Vehicles <input type="checkbox"/> Other (Explain)					
00				2. Print Owner, Partner, or Corporate Name		Federal Employer Identification Number			
00				3. Print Trade Name or Registered Name If Different From Line 2 Above		Social Security Number			
00				4. Print Physical Location of Business (PO Box Is Not Acceptable) Zip + 4		United States D.O.T. Number			
00				5. Print Mailing Address of Business If Different From Line 4 Above Zip + 4		Telephone Number (    )			
00				6. Print Name and Home Address of Owner, Partner, LLC Member, or Corporate Officer Zip + 4		Social Security Number			
00				7. Print Name and Home Address of Owner, Partner, LLC Member, or Corporate Officer Zip + 4		Social Security Number			
General Information				8. Type of Ownership (If <b>Other</b> , attach explanation) <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Single member LLC <input type="checkbox"/> Check if taxed as a corporation <input type="checkbox"/> Check if taxed as a corporation					
				8a. Organized Under Laws of What State?					
				9. Are you currently or have you been registered with another jurisdiction for the International Fuel Tax Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Enter name (s) of lessor(s) who lease vehicles to you (attach list if needed).				Name		Address		ZIP	
				Name		Address		ZIP	
11. Describe in detail the type of business you operate.									
12. Do you store fuel in bulk?				<input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>Yes</b> , Where is the fuel stored? _____					
12a. Types of Fuel Used				____ Diesel    ____ Gasoline    ____ Ethanol    ____ Propane    ____ Natural Gas ____ A-55    ____ E-55    ____ M-85    ____ Gasohol    ____ LNG    ____ Methanol					
13. Enter (X) for the jurisdictions in which you operate or anticipate operating:									
____ AL - Alabama    ____ IA - Iowa    ____ NE - Nebraska    ____ RI - Rhode Island    ____ AB - Alberta ____ AZ - Arizona    ____ KS - Kansas    ____ NV - Nevada    ____ SC - South Carolina    ____ BC - British Columbia ____ AR - Arkansas    ____ KY - Kentucky    ____ NH - New Hampshire    ____ SD - South Dakota    ____ NB - New Brunswick ____ CA - California    ____ LA - Louisiana    ____ NJ - New Jersey    ____ TN - Tennessee    ____ MB - Manitoba ____ CO - Colorado    ____ ME - Maine    ____ NM - New Mexico    ____ TX - Texas    ____ ON - Ontario ____ CT - Connecticut    ____ MD - Maryland    ____ NY - New York    ____ UT - Utah    ____ QC - Quebec ____ DE - Delaware    ____ MA - Massachusetts    ____ NC - North Carolina    ____ VA - Virginia    ____ SK - Saskatchewan ____ FL - Florida    ____ MI - Michigan    ____ ND - North Dakota    ____ VT - Vermont    ____ NL - Newfoundland ____ GA - Georgia    ____ MN - Minnesota    ____ OH - Ohio    ____ WA - Washington    ____ NW - NW Territory ____ ID - Idaho    ____ MS - Mississippi    ____ OK - Oklahoma    ____ WV - West Virginia    ____ NS - Nova Scotia ____ IL - Illinois    ____ MO - Missouri    ____ OR - Oregon    ____ WI - Wisconsin    ____ PE - Prince Edward Isle ____ IN - Indiana    ____ MT - Montana    ____ PA - Pennsylvania    ____ WY - Wyoming    ____ YU - Yukon Territory ____ DC - District of Columbia									

This Section Must Be Completed by All Applicants.	14. Enter Total Number of Qualified Vehicles to Be Registered ▶ _____ x \$10 = ▶ \$ _____
	Make check or money order payable to: <b>Commissioner of Revenue Services</b>

**Declaration:** I declare under the penalty of false statement that I have examined this application, **CT-IFTA-2**, and to the best of my knowledge and belief it is true, complete, and correct. The applicant agrees to comply with reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that base jurisdiction may withhold any refunds due if the applicant is delinquent in paying fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license. I understand that IFTA decals may not be transferred by me to another person, or from one vehicle to another.

**X**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please Do Not Write Below This Line - For Department Use Only**

For DRS Use Only ▶	TAX	REC	TRANS	REGISTRATION DATE	NAICS CODE	TYPE ORG	STATE	LEGAL DATE	
	00	10		/ /				/ /	
	TAX	REC	TRANS	REGISTRATION DATE	START DATE	TOWN	SOURCE	FILE CODE	EXT OPR
	41			/ /	/ /		1	_____	_____
	SECURITY NO.	SECURITY DATE	SECURITY AMOUNT	REF. BOND DATE	REF. BOND AMOUNT	REG. YEAR	FEE REMITTED		
	/ /		/ /			05			

— You May Not Transfer IFTA Decals to Another Person, or From One Vehicle to Another. —

**Do not use this International Fuel Tax Agreement (IFTA) application to request Connecticut motor carrier road tax decals. For Connecticut motor carrier road tax decals, please request and return Form REG-3MC, Application for Motor Carrier Road Tax.**

Qualified motor vehicles are those used, designed, or maintained for transportation of persons or property **and**:

1. Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms; **or**
2. Have three or more axles regardless of weight; **or**
3. Are used in combination, when the weight of such combination exceeds 26,000 pounds or 11,797 kilograms gross vehicle or registered gross vehicle weight.

The term **qualified motor vehicle** does not include recreational vehicles.

**You may not transfer IFTA decals to another person, or from one vehicle to another.**

### Instructions

1. Reason for applying: Indicate new account, registration of additional vehicles, or other reason (renewal, replacement decals, or change of ownership). If there has been a **change of identity or form of ownership or organization**, you must apply for a new CT-IFTA Number (use this Form CT-IFTA-2). If you are registered with the Connecticut Department of Revenue Services (DRS), enter your Connecticut Tax Registration Number in the upper right corner of this form.
2. Print name of owner, partnership, limited liability company, or corporate name. Enter proprietor's name if a sole proprietorship.
3. Print trade or registered name if different from Line 2. A trade or registered name is the name **under which business is** done, but not necessarily the owner's name. Example: If John Travel is the proprietorship entered on Line 2, but John T. Trucker Co. is the name chosen by John Travel for his business, then John T. Trucker Co. is the name he would enter on Line 3.
4. Print physical location of business (PO boxes are not acceptable). Indicate where business is actually located.
5. Print mailing address of business if different from Line 4. Only complete this if different from the business address listed above.
6. Print name and home address of proprietor, partner, LLC member, or corporate officer. Identify proprietor, if a sole proprietorship; partners, if a partnership; or officers, if a corporation.

7. Print home address of partner, limited liability member, or corporate officer.
8. Type of ownership (if other, attach explanation): Indicate the type of business and enter its Federal Employer Identification Number. If it is a sole proprietorship with no employees and is not required to have a Federal Employer Identification Number, enter the proprietor's Social Security Number.
- 8a. Enter the name of the state under the laws of which the business is organized.
9. Indicate whether you are currently or were previously registered with another jurisdiction for the International Fuel Tax Agreement.
- 9a. If you checked **Yes**, on Line 9, enter the name of the jurisdiction you are currently or were previously registered in for the IFTA.
10. Enter name(s) of lessor(s) who lease vehicles to you. Attach list if needed.
11. Describe in detail the type of business you operate.
12. Indicate if you store fuel in bulk and where it is located.
- 12a. Types of fuel used: Enter an **X** to indicate the type(s) of fuel used in your qualified motor vehicles.
13. Enter an **X** indicating the jurisdictions in which you are likely to operate.
14. Indicate the number of IFTA qualified motor vehicles requiring decals. Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door of each vehicle.

This application must be signed by the owner, partner, or corporate officer of the company.

**Failure to complete all items on this form will delay your decals.**

Return completed applications to:

Department of Revenue Services  
Registration Section  
PO Box 2937  
Hartford CT 06104-2937

Make all checks payable to: **Commissioner of Revenue Services**

If you need additional information or assistance about applications or registering your vehicle(s), please call the Department of Revenue Services, Registration Section, at **860-297-4870**, Monday through Friday, 8:00 a.m. to 5:00 p.m.